

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Antidepressants, Other

a. Prescriptions That Require Prior Authorization

Prescriptions for Antidepressants, Other which meet any of the following conditions, must be prior authorized:

1. A prescription for a non-preferred Antidepressant, Other, regardless of the quantity prescribed. See the Preferred Drug List (PDL) for the list of preferred Antidepressants, Other at www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred Antidepressant, Other with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002077.pdf.

GRANDFATHER PROVISION – The Department will grandfather prescriptions for non-preferred Antidepressants, Other, within quantity limits, for those recipients currently being prescribed a non-preferred Antidepressant, Other if the PROMISe Point-Of-Sale On-Line Claims Adjudication System verifies the record of payment by the Department for a prescription for a non-preferred Antidepressant, Other within the past 90 days from the date of service of the new claim. If there is a record of a prescription for a non-preferred Antidepressant, Other, a prescription or a refill for the same Antidepressant, Other, within the quantity limits, will be automatically approved.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antidepressant, Other, the determination of whether the requested prescription is medically necessary will take into account whether the recipient has a documented history of:

1. Therapeutic failure, contraindication or intolerance of the preferred Antidepressants, Other

AND

2. Therapeutic failure, contraindication or intolerance of the SSRIs

OR

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3. Whether the recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.
4. In addition, if a prescription for either a preferred or non-preferred Antidepressant, Other is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines that are set forth in the Quantity Limits Chapter.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request. If the guidelines in Section B. are met and the prescription is for an Antidepressant, Other that is considered a first line therapy or first line treatment, the reviewer will prior authorize the prescription. If the guidelines are not met, or if the prescription is for an Antidepressant, Other that is not considered first line therapy or treatment, such as but not limited to nefazadone and MAOIs, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.